

☒ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/7

or

☐ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

**FORM 635**  
**1993**

**IMPORTANT:** Lobbying Coalitions must attach a completed Form 635-C to this Report.

**REPORT COVERS PERIOD FROM** 01/01/2010 **THROUGH** 03/31/2010

**CUMULATIVE PERIOD BEGINNING** 01/01/2009

**TYPE OR PRINT IN INK**

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

**FOR OFFICIAL USE ONLY**

**A** AMENDMENT 001

**B**

NAME OF FILER:

SHIP CLERKS ASSOCIATION ILWU LOCAL #34

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

SAN FRANCISCO -  
CO

CA

94107

**PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD**

(See instructions on reverse.)

None.

☐ If more space is needed, check box and attach continuation sheets.

**SUMMARY OF PAYMENTS THIS PERIOD**

|                                                                                        |    |                |
|----------------------------------------------------------------------------------------|----|----------------|
| A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1) ..... | \$ | <u>4498.56</u> |
| B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....              | \$ | <u>0.00</u>    |
| C. Total Activity Expenses (Part III, Section C) .....                                 | \$ | <u>0.00</u>    |
| D. Total Other Payments to Influence (Part III, Section D) .....                       | \$ | <u>0.00</u>    |

|                                         |    |                |
|-----------------------------------------|----|----------------|
| GRAND TOTAL (A + B + C + D above) ..... | \$ | <u>4498.56</u> |
|-----------------------------------------|----|----------------|

|                                                                                 |    |             |
|---------------------------------------------------------------------------------|----|-------------|
| E. Total Payments in Connection with PUC Activities (Part III, Section E) ..... | \$ | <u>0.00</u> |
|---------------------------------------------------------------------------------|----|-------------|

F. Campaign Contributions: ☒ Part IV completed and attached ☐ No campaign contributions made this period

**VERIFICATION**

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)  
07/14/2010

At (City and State)  
San Francisco, CA

By (Signature of Employer or Responsible Officer)  
Allen Fung

Name of Employer or Responsible Officer (Type or Print)  
Allen Fung

Title  
Secretary-Treasurer

PERIOD COVERED: 01/01/2010 03/31/2010NAME OF FILER: SHIP CLERKS ASSOCIATION ILWU LOCAL #34**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

| Name and Title                                           | Name and Title |
|----------------------------------------------------------|----------------|
| Employee<br>Leland Sandahl<br>Legislative Representative |                |
|                                                          |                |
|                                                          |                |
|                                                          |                |
|                                                          |                |

☐ If more space is needed, check box and attach continuation sheets.
**PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES**

| A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS<br>(See instructions on reverse. Also enter the Amount This Period<br>(Column 1) on Line A of the Summary of Payments section on page 1.) | (1)<br>Amount This<br>Period | (2)<br>Cumulative Total<br>To Date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------|
|                                                                                                                                                                                      | \$ 4498.56                   | \$ 21622.04                        |

**B. PAYMENTS TO LOBBYING FIRMS** (Including Individual Contract Lobbyists)

| Name and Address of Lobbying<br>Firm/Independent Contractor | (1)<br>Fees &<br>Retainers | (2)<br>Reimbursements<br>of Expenses | (3)<br>Advances or<br>Other Payments<br>(attach explanation) | (4)<br>Total<br>This Period | (5)<br>Cumulative<br>Total to Date |
|-------------------------------------------------------------|----------------------------|--------------------------------------|--------------------------------------------------------------|-----------------------------|------------------------------------|
|                                                             |                            |                                      |                                                              |                             |                                    |
|                                                             |                            |                                      |                                                              |                             |                                    |
|                                                             |                            |                                      |                                                              |                             |                                    |
|                                                             |                            |                                      |                                                              |                             |                                    |
|                                                             |                            |                                      |                                                              |                             |                                    |

**TOTAL THIS PERIOD** (Column 4)Also enter the total of Column 4 on Line B of the  
Summary of Payments section on page 1.

\$ 0.00

☐ If more space is needed, check box and attach  
continuation sheets

PERIOD COVERED: 01/01/2010 03/31/2010NAME OF FILER: SHIP CLERKS ASSOCIATION ILWU LOCAL #34**C. ACTIVITY EXPENSES** (See instructions on reverse.)

| Date | Name and Address of Payee | Name and Official Position<br>of Reportable Persons and<br>Amount Benefiting Each | Description of<br>Consideration | Total<br>Amount<br>of Activity |
|------|---------------------------|-----------------------------------------------------------------------------------|---------------------------------|--------------------------------|
|      |                           |                                                                                   | \$                              | \$                             |
|      |                           |                                                                                   |                                 |                                |
|      |                           |                                                                                   |                                 |                                |
|      |                           |                                                                                   |                                 |                                |
|      |                           |                                                                                   |                                 |                                |

☐ If more space is needed, check box and attach continuation sheets.

 TOTAL SECTION C (Activity Expenses)  
 Also enter the total of Section C on Line C of  
 the Summary of Payments section on page 1.

\$ 0.00

**D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION**
☒ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)

\$ 0.00

2. OTHER PAYMENTS

\$ 0.00

 TOTAL SECTION  
 D (1 + 2) Also  
 enter the total of  
 Section D on Line  
 D of the Summary  
 of Payments  
 section on page 1.

\$ 0.00

**E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION**

Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)

\$ 0.00

PERIOD COVERED: 01/01/2010 03/31/2010NAME OF FILER: SHIP CLERKS ASSOCIATION ILWU LOCAL #34

**PART IV -- CAMPAIGN CONTRIBUTIONS MADE** (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which  
Has Filed A Campaign Disclosure Statement:

Identification Number if  
Recipient Committee: 1264439

Ship Clerks' Association ILWU Local 34 PAC Fund

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

| Date       | Name of Recipient                    | I.D. Number if Committee | Amount                       |
|------------|--------------------------------------|--------------------------|------------------------------|
| 03/01/2010 | Anthony Portantino for Assembly 2010 | 1313454                  | \$ 300.00<br>Reference No: 2 |
|            |                                      |                          | \$                           |
|            |                                      |                          | \$                           |
|            |                                      |                          | \$                           |
|            |                                      |                          | \$                           |
|            |                                      |                          | \$                           |
|            |                                      |                          | \$                           |
|            |                                      |                          | \$                           |
|            |                                      |                          | \$                           |
|            |                                      |                          | \$                           |

☐ If more space is needed, check box and attach continuation sheets.

**NOTE:** Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

**Attachment Form 640**

(Attachment to Form 635 or Form 645)

CALIFORNIA  
1993 FORM**640**

5/7

PERIOD COVERED: 01/01/2010--03/31/2010NAME OF FILER: SHIP CLERKS ASSOCIATION ILWU LOCAL #34

**For Use By:** A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the instructions on the cover page before completing this attachment.

**Other Payments to Influence Legislative or Administrative Action:**

|                                                                                                                                                                                                                      |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1. Total payments for overhead expenses related to lobbying activity.<br><u>Report as a lump sum.</u> .....                                                                                                          | \$ 0.00 |
| 2. Total payments to Lobbying Coalitions. <u>Report as a lump sum.</u> .....<br>(Form 630 must be attached)                                                                                                          | \$ 0.00 |
| 3. Total payments of less than \$250 during the calendar quarter for lobbying<br>activity (excluding overhead). <u>Report as a lump sum.</u> .....                                                                   | \$ 0.00 |
| 4. Total payments of more than \$250 during the calendar quarter for lobbying<br>activity (excluding overhead). Such payments must be itemized below. ....                                                           | \$ 0.00 |
| 5. Grand total of "Other Payments to Influence Legislative or Administrative<br>Action." Also enter this total on the appropriate line of the Summary of<br>Payments section on Page 1 of Form 635 or Form 645. .... | \$ 0.00 |

Itemize below payments of \$250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

Also itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

| Name & Address of Payee                 | Amount This Quarter | Cumulative Amount Since January 1 |
|-----------------------------------------|---------------------|-----------------------------------|
|                                         | \$                  | \$                                |
|                                         | \$                  | \$                                |
|                                         | \$                  | \$                                |
| Subtotal of all payments itemized above | \$ 0.00             |                                   |

☐ If more space is needed, check box and attach continuation sheets.

# AMENDMENT TO LOBBYING DISCLOSURE REPORT

6/7

FOR USE BY FILERS AMENDING REPORTS FILED PURSUANT  
TO GOVERNMENT CODE SECTIONS 86100-86117

FORM 690  
1990

TYPE OR PRINT IN INK

FOR OFFICIAL USE ONLY

A

B

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

NAME OF FILER:

SHIP CLERKS ASSOCIATION ILWU LOCAL #34

NAME OF EMPLOYER OR FIRM: (If this amendment is being filed by a lobbyist)

BUSINESS ADDRESS OF FILER: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

SAN FRANCISCO

CA

94107

(The information required must correspond to the information provided on the original report filed.)

1. The following information amends the lobbying disclosure report Form No. F635 executed on 04/27/2010  
(Mo. - Day - Year)  
for the period 01/01/2010 to 03/31/2010.

2. Amended information affects items on Part(s) III A Section(s) \_\_\_\_\_.

3. Describe changes below.

Cumulative period was in error. Payments to in-house lobbyist have been corrected to reflect cumulative period from 01/ - 01/2009.

## VERIFICATION

I have used all reasonable diligence in preparing this Amendment. I have reviewed the Amendment and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)  
07/14/2010

At (City and State)  
San Francisco, CA

By (Signature of Filer)  
Allen Fung

Name of Filer (Type or Print)  
Allen Fung

Title  
Secretary-Treasurer

**TEXT ANNOTATION**

**PAGE** 4

**Schedule** F635P4B

**Reference No:** 2